

## COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION ACT OF 1974

JANUARY 21, 1974.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. STAGGERS, from the Committee on Interstate and Foreign Commerce, submitted the following

### REPORT

[To accompany H.R. 11387]

The Committee on Interstate and Foreign Commerce, to whom was referred the bill (H.R. 11387) to amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 and other related Acts to concentrate the resources of the Nation against the problem of alcohol abuse and alcoholism; to coordinate the National Institute of Mental Health, the National Institute on Alcoholism and Alcohol Abuse, and the National Institute on Drug Abuse; and for other purposes, having considered the same, report favorably thereon with amendments and recommend that the bill as amended do pass.

The amendments are as follows:

Page 1, line 5, strike out "1973" and insert in lieu thereof "1974".

Page 4, line 3, insert "title III of" before "such Act".

Page 14, strike out line 8 and insert in lieu thereof the following:

"ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION"

Page 14, beginning in line 11, strike out "the Addiction and Mental Health Administration" and inserting in lieu thereof "the Alcohol, Drug Abuse, and Mental Health Administration".

Page 15, beginning in line 5, strike out "National Panel on Addiction and Mental Health" and insert in lieu thereof "National Panel on Alcohol, Drug Abuse, and Mental Health".

#### SUMMARY OF LEGISLATION

H.R. 11387 extends through fiscal 1976 State formula grant and project grant and contract authorities originally authorized by the

Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, P.L. 91-616. It creates new authority under the Act for a special grant to States which have adopted the Uniform Alcoholism and Intoxication Treatment Act. It amends the provisions of the 1970 Act concerning discrimination in hospital admissions and the confidentiality of records. The legislation establishes provisions for the administration and coordination of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse.

Specifically, the bill:

1. Extends through fiscal 1976 the State Formula Grant Program originally authorized by the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, P.L. 91-616. The fiscal year 1973 formula grant authorization of \$80,000,000 had been extended for one additional year, through fiscal year 1974, by P.L. 92-554, approved October 25, 1972. H.R. 11387 extends this authorization for two more fiscal years, at an annual level of \$60,000,000.

2. Extends the project grant and contract authority of the Act of 1970 for an additional two years, through fiscal year 1976. The fiscal year 1973 project grant and contract authority of \$50,000,000 had been extended for one additional year, through fiscal year 1974, by P.L. 93-45, approved June 18, 1973. This bill extends the authority for two more years at an authorization level of \$60,000,000 for the fiscal year ending June 30, 1975, and \$75,000,000 for the fiscal year ending June 30, 1976.

3. Establishes a special grant of up to \$100,000 plus 10 percent of an amount equal to a State's formula grant allotment for States which have adopted the provisions of the Uniform Alcoholism and Intoxication Treatment Act, or legislation substantially similar to that Act, which requires that alcoholism and intoxication be a health and social service system responsibility rather than a criminal justice system responsibility. The Uniform Act does not excuse criminal actions and does not affect laws against operating vehicles or machinery while intoxicated, or laws regulating the sale or possession of alcoholic beverages.

4. Prohibits discrimination in admission or treatment policies concerning emergency medical conditions of any person solely because of his alcohol abuse or alcoholism by public or private general hospitals receiving funds from any Federal agency.

5. Amends the Confidentiality of Records provision of the 1970 Act to prevent the disclosure of the identity, diagnosis, prognosis, or treatment of any patient for whom records are maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any Department or agency of the United States except as expressly authorized under this legislation. Disclosure is permitted under certain conditions where the patient's written consent is obtained and under certain limited conditions whether or not the patient gives his written consent. A penalty provision also would apply to any person violating the confidentiality of records.

6. Places alcoholism project grant and contract authority under the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act and eliminates duplication by deleting section 247 of the Community Mental Health Centers Act.

7. Establishes the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) in the Department of Health, Education, and Welfare, to assure that the programs carried out through the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse receive appropriate and equitable support, and that there is cooperation among the Institutes in the implementation of such programs. The legislation establishes a three-man National Panel on Alcohol, Drug Abuse, and Mental Health comprised of one public member from each of the three advisory councils serving the respective Institutes. The Panel will advise, consult with, and make recommendations to the Secretary concerning the activities to be carried out through the Administration. The bill establishes the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse as separate Institutes within ADAMHA to administer the programs and authorities assigned to the Secretary of the Department of Health, Education, and Welfare in each of these areas.

8. Establishes an Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism to evaluate the adequacy and technical soundness of all Federal programs and activities which relate to alcohol abuse and alcoholism, and to provide for the communication and exchange of information necessary to maintain the coordination and effectiveness of such programs and activities.

#### LEGISLATIVE HISTORY

H.R. 11387 was reported as a clean bill on November 8, 1973, by this Committee's Subcommittee on Public Health and Environment. It superseded H.R. 10019, introduced on August 3, 1973, and other related bills. Hearings were held on September 26, 1973, and executive sessions of the Subcommittee were held in October and early November to consider the views presented during the hearings. Related legislation in the form of S. 1125 passed by the Senate on June 21.

H.R. 11387, as reported, is similar to S. 1125 in that both extend the alcoholism grant and contract authorities through fiscal year 1976 and authorize the award of special grants to States that have enacted the provisions of the Uniform Alcoholism and Intoxication Treatment Act. The House bill authorizes lower funding levels than S. 1125 and restricts the discrimination prohibition by private and public hospitals to emergency medical conditions whereas the Senate provision would apply to medical conditions in general. The Senate bill does not amend the confidentiality provisions of the Act or of the Drug Abuse Office and Treatment Act of 1972, as does the House bill.

Both H.R. 11387 and S. 1125 have provisions intended to strengthen the ability of the NIAAA to lead and coordinate the Federal attack on alcohol abuse and alcoholism, but differ somewhat in their approach.

## COST OF LEGISLATION

As reported by the Committee, H.R. 11387 provides for a two year extension of State formula grants and project grants and contracts, and for three years of special grants to States with authorizations of appropriations as follows:

NEW OBLIGATIONAL AUTHORITY REQUIRED FOR FISCAL YEARS 1974-76 UNDER H.R. 11387  
[In millions of dollars]

	Fiscal year—			Total
	1974	1975	1976	
Formula grants to States for planning, establishing, maintaining, coordinating, and evaluating programs.....		60	60	120
Special grants to States to implement the Uniform Alcoholism and Intoxication Treatment Act (new sec. 304).....	13	13	13	39
Project grants and contracts for prevention and treatment (new sec. 311).....		60	75	135
Total.....	13	133	148	294

## BACKGROUND

By 1967 alcoholism was recognized as a disease by the World Health Organization, the American Medical Association, the American Hospital Association, and the American Psychiatric Association. Two United States courts of appeals, in *Easter v. District of Columbia*, 361 F. 2d 50 (D.C. Cir. 1966) and *Driver v. Hinnant*, 356 F. 2d 761 (4th Cir. 1966), had held that since alcoholism is an illness or disease, a homeless alcoholic could not be punished for his public intoxication.

In *Powell v. Texas*, 392 U.S. 514 (1968), the Supreme Court affirmed that alcoholism is a disease but upheld Powell's conviction because the record did not show that he was unable to avoid being intoxicated in public. The Court deplored the inadequacy of the governmental response to the national problem of alcoholism and the serious shortage of facilities for the treatment of indigent alcoholics.

The alarmingly high incidence of the disease had also begun to be recognized during the late 1960's. The Cooperative Commission on the Study of Alcoholism completed a five-year study in 1967 and in its Report to the Nation on Alcohol Problems stated that problem drinking was found in from 10 percent to 25 percent of the families of welfare recipients and that more than 20 percent of the males admitted to state mental hospitals and discharged from the psychiatric wards of general hospitals were diagnosed as alcoholics. The Commission called the handling of public drunkenness by criminal justice systems "inhuman as well as ineffective" and "an immense economic drain—in terms of men, time, and space"—on the police, the courts, and the jail systems.

In 1968 reports prepared for the Department of Health, Education, and Welfare and the Department of Transportation stated that over 30 percent of the Nation's traffic fatalities were related to alcohol. One of these reports concluded:

... The problem requires a massive Federal program concentrating on the disease of alcoholism.

The initial response of the Congress was passage of the District of Columbia Alcoholic Rehabilitation Act of 1967, P.L. 90-452, which



directed the establishment of a system for treating the illness of the alcoholic rather than condemning him to the "revolving door" of arrest, incarceration, release, and rearrest. This principle was then applied nationally through the Alcoholic Rehabilitation Act of 1968, P.L. 90-574, and the Community Mental Health Centers Act Amendments of 1970, P.L. 91-211.

In 1970, the President signed S. 3835, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, P.L. 91-616, creating the National Institute on Alcohol Abuse and Alcoholism, authorizing over a three-year period formula grants to the states, and contracts and project grants for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of the victims of this disease. The Act expires on June 30, 1974.

#### ACTIVITIES OF THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

The National Institute on Alcohol Abuse and Alcoholism, authorized by P.L. 91-616, was formally established in May 1971, one month before the end of the first fiscal year of three years authorized under the Act for funding. Funds were first appropriated under the Act in fiscal 1972. In that year, the Act authorized \$40,000,000 for project grants and contracts, and nearly the full amount was provided; one-half of the \$60,000,000 authorized for formula grants was made available.

The fiscal 1973 authorization was \$50,000,000 for project grants and contracts and \$80,000,000 for formula grants. However, the Institute, operating under the continuing resolution which limited the Department's expenditures following the veto of the appropriations bills for the Department as well as additional spending controls imposed by the Executive Branch, funded no new community projects in fiscal 1973. It was limited to carrying out commitments for project support made during the fiscal years 1971 and 1972. Thus, fiscal 1972 was the only full year in which applicants have been able to receive initial grants from the project funds authorized by the Act of 1970.

Formula grants continued at the \$30,000,000 level each year, although their availability and time of release by the Office of Management and Budget were always uncertain. These delays and uncertainties have caused problems for local and State governments and community groups attempting to plan and develop more meaningful programs. The President's recent order to release fiscal 1973 impounded funds and the signing of the Labor-HEW Appropriations Act for fiscal 1974 are encouraging. The Committee hopes no further conditions will be imposed on the utilization of these sources of funds by the Institute.

A good beginning has been made despite these limitations. The Institute has moved effectively toward to the goal of making effective alcoholism treatment available at the community level throughout the Nation. Every State has established programs under the formula grant authority. Project grants have supported both demonstration occupational alcoholism programs at State and local levels and in the private sector, and programs to help special target populations such

as American Indians poverty groups, and Mexican-Americans. Within the Department, collaborative efforts between the National Institute on Alcohol Abuse and Alcoholism and the Social and Rehabilitation Services have been developed and community staffing and training efforts have been supported. Joint projects also have been initiated with the Department of Transportation to provide treatment services for drinking drivers.

The Institute has concentrated its training efforts on training personnel for ongoing treatment programs. These include counselors, professionals who have acquired positive attitudes and recognize that alcoholic people can be helped, and members of the community who are in a natural position to facilitate entry into an alcoholism treatment system.

In addition to the Institute's goal of making effective alcoholism treatment available at a community level, positive steps have been taken toward its long-range goal of developing more effective methods of preventing problem drinking and alcoholism through sophisticated educational and informational techniques. Early in 1973, the Institute began a nationwide educational campaign through the mass media, including television, radios, newspapers, and magazines. The campaign was directed toward encouraging responsible drinking for those who do drink and properly dignifying the abstainers' choice not to drink. The Institute's campaign has been coordinated with the drinking-driver public media program of the National Highway Traffic Safety Administration of the Department of Transportation.

The National Clearinghouse for Alcohol Information was established in fiscal 1972 as a national center for the collection and dissemination of professional, technical, and popular information on alcohol, alcohol use and misuse, and alcoholism.

Another innovative program effort by the Institute in fiscal 1973 was the establishment of a National Center for Alcohol Education, where leaders in a variety of fields—business executives, mayors, governors and health providers working in the alcohol field—may come together to discuss the issues and develop more effective approaches to alcohol abuse and alcoholism. The Center also includes an experimental educational laboratory for educating alcoholism program practitioners and educators; a resident scholar program in which distinguished behavioral experts develop scholarship and multi-disciplined professional expertise in the field; and a resident fellowship program in the behavioral sciences. It also serves as a model for the development of regional centers.

The Center intends to undertake a comprehensive survey of education and training programs for private and public resources related to the delivery of services in alcohol abuse and alcoholism to identify and highlight effective program components, gaps and needs toward which future Federal health policy initiatives should be directed.

The National Institute on Alcohol Abuse and Alcoholism in cooperation with the National Council on Alcoholism is currently developing a model benefit package as a guideline for health insurance carriers providing alcoholism coverage. Extensive data on the costs of treating and caring for alcoholic persons should soon become available. The Joint Commission on Accreditation of Hospitals, under contract, is helping to provide expertise and technical assistance to the Institute in the development of standards for facilities and services.

It is the Committee's hope that the National Institute on Alcohol Abuse and Alcoholism will be able to work closely with those who are responsible for the implementation of the recent health maintenance organization legislation so that any problem of coverage for alcoholism by HMOs can be resolved. The legislation proposed in this bill will facilitate demonstrations in this area.

#### NEED FOR LEGISLATION

##### A. Extension of Grants Authorities

It was the judgment of this Committee at the time of the passage of the 1970 Act that a broadly based, carefully planned, and creative Federal legislative effort was needed to effectively deal with the massive problems of alcohol abuse and alcoholism in this Nation. This Act provided for the first time a unified Federal commitment to these problems. The National Institute on Alcohol Abuse and Alcoholism, created by the Act, was formally established in May 1971 by the Department of Health, Education, and Welfare. Under its leadership a credible and broad gaged national effort has been initiated.

The President, in reviewing the Annual Report to Congress for Fiscal Year 1972 of the Institute's activities, wrote to the Secretary of the Department of Health, Education, and Welfare on July 6, 1973:

... the Report makes clear, the problems fostered in our society by alcohol abuse are indeed enormous and much remains to be done in dealing effectively with them. However, I am encouraged by the significant beginnings we have made in properly recognizing the seriousness of the situation, in developing a greater understanding of alcoholism as an illness, and by the measures which have been initiated for early identification and treatment.

In its "First Special Report to the U.S. Congress on Alcohol and Health," in December of 1971, the Department of Health, Education, and Welfare reported that alcohol is the most abused drug in the United States. Further confirmation of this finding was provided in two separate reports prepared in 1973. The second report of the National Commission on Marijuana and Drug Abuse, "Drug Use in America: Problem and Perspective," concluded that:

Alcohol dependence is without question the most serious drug problem in this country today. Alcohol users far outnumber those of all other drugs and are found along the entire continuum of dependence. The reinforcement potential of alcohol and its potential for behavioral disruption are high. Use of the drug is pervasive within the general population, and its ready availability facilitates the development of high degrees of dependence among vulnerable populations . . .

The "Federal Strategy for Drug Abuse and Drug Traffic Prevention," prepared for the President pursuant to the Drug Abuse Office and Treatment Act of 1972, reports that:

In terms of deaths, disease, and economic losses, alcoholism is certainly among the most serious . . . drug abuse problems

in contemporary American Society . . . According to some estimates, seven percent of the adult population may have some form of drinking problem.

The Department of Health, Education, and Welfare has reported to the Congress that among the 95 million drinkers in the Nation, about 9,000,000 are alcohol abusers or alcoholics; that alcoholism plays a major role in half of our highway fatalities, with an even higher ratio among young people; that alcohol abuse and alcoholism drain our economy of an estimated \$15 billion annually—\$10 billion in lost work time, \$2 billion in health and public welfare costs, and \$3 billion in property damage and other overhead costs; and that public intoxication accounts for at least one-third of all arrests.

Nevertheless, in its appearance before this Committee's Subcommittee on Public Health and Environment, on September 26, 1973, HEW representatives testified in opposition to this new legislation. The Departmental position was that new legislation was not necessary or desirable to deal effectively with the problems of alcohol abuse and alcoholism. However, the Departmental witnesses did not, in the Committee's view, adequately explain where leadership and funding to implement these programs would come from if the Act were allowed to lapse. All other witnesses disagreed with the Department's position. All supported the need for legislation to continue the leadership and initiatives from the Federal level under the direction of the National Institute on Alcohol Abuse and Alcoholism. The broad scope of interest represented by those who testified impressed upon the Committee the significance of this legislation for the life of every citizen in the United States, whether affected directly or indirectly by the problems associated with alcoholism. Witnesses appeared on behalf of the National Council of Community Mental Health Centers, the National Council on Alcoholism, the Alcohol and Drug Problems Association of North America, the Council of State Alcoholism Program Directors, the Director of the Bureau of Alcohol Rehabilitation, State of Florida, the United States Jaycees Foundation, the National Association of Counties, the Education Commission of the States, the National Congress of Parents and Teachers, and the Association of Labor-Management Administrators and Consultants in Alcoholism. In addition, statements of strong support were provided by the Board of Supervisors of the County of Los Angeles and the County of San Diego, California.

The Committee concluded from these sources, from the concern expressed by many individual citizens, and from its overall investigation of documents and reports that it is crucial to continue and improve the Federal effort to overcome this massive national problem. The effort stimulated by P.L. 91-616 must be carried forward. To cut back now would destroy much of the progress already achieved and would shatter the hopes of millions of the victims of alcoholism.

#### B. Uniform Alcoholism and Intoxication Treatment Act

A parallel development to Federal legislative efforts has been efforts by a majority of the States to enact the Uniform Alcoholism and Intoxication Treatment Act. This Act provides the legal framework



within which to approach alcoholism and public intoxication from a community care standpoint. The Uniform Act was promulgated by the National Conference of Commissioners on Uniform State Laws in August, 1971, and recommended for enactment in all the States. The Secretary of Health, Education, and Welfare, the Attorney General of the United States, and various members of Congress have enthusiastically endorsed its enactment.

H.R. 11387 establishes a special grant for States which have adopted the provisions of the Uniform Act. Under the grant program, States could receive up to three one-year grants for costs of implementation of the Uniform Act. While the response of States to efforts to gain passage of this Act has been impressive, the difficulty in obtaining sufficient funds to implement such legislation has deterred a number of States from passing the Act and deferred the date of enactment in a number of other instances.

The Committee believes that the special grants section is needed in order that States not experience an economic barrier to implementation of a legal framework within which to approach alcoholism and intoxication from a health standpoint. Ultimately, the costs will indeed be much less than the present drain on the economy that these problems represent. One of the tragedies of the present barriers to care is that effective services when made available have successfully combatted the personal and economic drain on our resources. Dr. Morris Chafetz, Director of the National Institute on Alcohol Abuse and Alcoholism, has described alcoholism as the "most untreated, treatable disease in the Nation." This special three year grant program is a recognition of the need for help with the initial costs of diverting problem drinkers from criminal justice systems into prevention and treatment programs.

Many of the current State legislative sessions are considering the Uniform Act, and the Committee firmly believes that the special grant contained in H.R. 11387 will be a strong incentive to State action and State appropriations.

#### C. Position of the National Institute on Alcohol Abuse and Alcoholism Within the Department of Health, Education, and Welfare

In establishing the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in 1970, the Congress attempted to give emphasis and independence to the mission of combatting alcoholism and alcohol abuse in the United States. Two organizational changes in 1973 appeared to the Committee to jeopardize this mission and thus the bill specifies a statutory relationship of the NIAAA of the Secretary of HEW and to other institutes within HEW.

H.R. 11387 defines leadership and coordination responsibilities of the National Institute on Alcohol Abuse and Alcoholism, and distinguishes these responsibilities organizationally from those for mental health and drug abuse. It does so by establishing, by statute, the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse to administer separately the programs and authorities of the Secretary with respect to mental health, alcohol abuse and alcoholism, and drug

abuse. At the same time, the legislation directs the Secretary to establish, in the Department of Health, Education, and Welfare, a new agency, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), to supervise the three Institutes in order to insure that the programs carried out through the Institutes receive appropriate and equitable support, and that there is cooperation among the Institutes in the implementation of such programs. An advisory council consisting of one public member from each of the advisory councils of the Institutes is established to advise, consult with, and make recommendations to, the Secretary concerning the activities to be carried out through the Administration.

The Committee intends that the new Administration provide the overall thrust and priority that the Committee believes has been needed for these programs from the Federal level. ADAMHA's principal responsibility is to assure that each Institute has the necessary backing and support within the Department and throughout the Executive Branch to carry out administrative and financial management, policy development and planning, evaluation, and public information functions which are required for each of the Institutes to implement its programs and authorities.

The Committee recognizes that alcoholism, drug abuse, and mental health programs share many of the same administrative concerns and, often, utilize similar treatment modalities. The problems of the alcoholic, drug abuser, and mentally ill are often interrelated. Further, many individuals suffer from more than one of these diseases. For these reasons it was deemed advisable to place the three applicable institutes into a single administrative unit. It is the intent of the Committee that this new agency achieve maximum program efficiency through proper amounts of administrative and programmatic coordination. It should further be noted, however, that the Committee does not intend that these Institutes and their programs be completely merged—each should maintain a substantial degree of individual program control. The legislation intends that the Secretary carry out through the Institutes those ancillary administrative and financial management, policy development and planning, evaluation, and public information functions required for the efficient implementation of such programs.

In another provision, H.R. 11387 reinforces the responsibility of the National Institute on Alcohol Abuse and Alcoholism to coordinate and to evaluate the adequacy and technical soundness of all Federal programs and activities in the Executive Branch which relate to alcohol abuse and alcoholism. The bill directs the Secretary to establish a specific organization, the Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism, for this purpose. It is expected that the Interagency Committee will be used to facilitate the Institute's responsibilities as the focal agency for the Federal attack on alcohol abuse and alcoholism, and that the Secretary will designate the Director of the Institute to serve as Chairman.

#### D. Confidentiality of Records

In section 333 of the 1970 Act, Congress attempted to protect the confidentiality of patient records of alcoholics and alcohol abusers by authorizing the Secretary of Health, Education, and Welfare to award

an absolute privilege to withhold names of subjects of research. This limited provision has proved to be unsatisfactory and, in 1972, Congress included as section 408 of the Drug Abuse Office and Treatment Act a confidentiality section with respect to records of drug abusers that imposes a duty to maintain the confidentiality of drug abuse patient records as distinguished from authorizing the Secretary to confer a privilege of doing so. This approach has been adopted by the Committee in amending section 333 of the Alcohol Act with respect to records of alcoholics and drug abusers. In implementing the authority to promulgate regulations under section 333, the Committee expects the precedents established under section 408 of the Drug Abuse Act to be followed in the absence of any compelling reason not to do so.

The bill also amends Section 408 of the Drug Abuse Act to correct certain deficiencies which nearly two years' experience has shown require corrections. As originally enacted and now in effect, the coverage of section 408 is determined in major part by the extent of the authority of the Director of the Special Action Office; without statutory clarification, serious legal questions could be raised upon the termination of that office. While the Special Action Office has promulgated interpretative regulations which have been useful as far as they have gone, there are important areas which cannot be dealt with without statutory authority. The Committee expects, however, that the general pattern of the regulations most recently published in 38 Federal Register 33744 will be followed, with such changes as may be appropriate to reflect the fact that the regulations are no longer merely interpretative.

The changes to section 408 of the Drug Abuse Act with respect to coverage and rulemaking authority have also been incorporated into section 333 of the Alcohol Act.

#### SECTION-BY-SECTION ANALYSIS

### TITLE I—FEDERAL ASSISTANCE FOR STATE AND LOCAL ALCOHOLISM AND ALCOHOL ABUSE PROGRAMS

#### PART A—GRANTS TO STATES

SEC. 101.—Amends the title of part A of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 to read "Grants to States".

SEC. 102.—Extends the state formula grant program of the Act through fiscal years 1975 and 1976. Authorizes appropriations of \$60,000,000 for each fiscal year. Section 102(b) amends the section heading to read "Authorization for Formula Grants".

SEC. 103.—Adds a new subsection to section 302 of the Act to authorize the Department of Health, Education, and Welfare, on the request of a State, to assign Department employees or equipment to the State to assist in the administration of the state plan, with costs to be covered by proportionate reductions in the state's formula grant entitlement.

SEC. 104.—Adds a new provision to section 303(a) of the Act to require representatives of minority and poverty groups to be included as members of advisory councils established pursuant to State plans required of grant recipients. Also requires State plans to include cri-

teria in accordance with the standards set by the Department of Health, Education, and Welfare for the construction and licensing of treatment facilities and other community services for alcoholics. The standards must include enforcement procedures and penalties.

SEC. 105.—Adds a new section 304 to the Act to authorize special grants to encourage States to adopt the basic provisions of the Uniform Alcoholism and Intoxication Treatment Act recommended by the National Conference of Commissioners on Uniform State Laws. Section 304(b) provides that states may qualify only if they adopt legislation with respect to criminal prosecution for alcohol consumption, treatment programs, and involuntary commitment of addicts which is substantially similar to the comparable provisions of the Uniform Act. Under section 304(c) states which qualify could receive a grant of up to \$100,000 plus 10 percent of their formula allotments. The section authorizes the appropriation of \$13,000,000 for each of the fiscal years 1974, 1975 and 1976.

#### PART B—PROJECT GRANTS AND CONTRACTS

SEC. 111.—Amends section 311 of the Act to authorize grants to public and nonprofit private entities, and contracts with public and private entities and with individuals for programs and projects for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics. Section 311(b) stipulates that such projects and programs, wherever possible, be community based, insure good quality care; be integrated with a wide range of local nongovernmental organizations and individuals, and use existing facilities. Section 311(c) requires that all applications for projects under this section be coordinated within the State, that all applications for assistance under this section be submitted to the appropriate State agency for review and evaluation and that approval of grant and contract requests be contingent upon application of proper procedures with respect to supervision, administration, fiscal control, and local funding. Section 311(d) authorizes appropriations of \$60,000,000 for fiscal year 1975 and \$75,000,000 for fiscal year 1976 for project grants and contracts under this section.

#### PART C—ADMISSION TO HOSPITALS; CONFIDENTIALITY OF RECORDS

SEC. 121.—Amends section 321 of such Act to prohibit public or private hospitals receiving funds from federal agency sources from refusing to admit or treat alcohol abusers and alcoholics who are suffering from emergency medical conditions solely because of their alcohol abuse or alcohol dependence. Under section 321(b) the Secretary is authorized to issue regulations for the enforcement of this policy and may withhold Federal funds from any hospital found to be in violation of this provision. The regulations must provide for notification of violation, opportunity for hearing, and opportunity for violators to comply.

This section is virtually identical to a section on hospital admission in the Drug Abuse Office and Treatment Act of 1972, except that it applies to admission of alcoholics and alcohol abusers whereas the drug abuse act's section applies to admission of drug abusers. It amends existing law in two important respects: First, the new section



applies only to persons who suffer from emergency medical conditions. Second, the amendment substantially broadens the applicability of the policy against discrimination toward alcoholics and alcohol abusers. The new section would apply to all general hospitals which receive support in any form from programs supported in whole or in part by Federal funds, whereas existing law applies only to hospitals receiving Federal funds for alcoholic treatment programs. Thus, under this section, the policy will apply to most general hospitals in the United States. For example, all hospitals receiving funds under Title VI of the Public Health Service Act (the Hill-Burton program), from Titles XVIII and XIX of the Social Security Act (the Medicare and Medicaid Programs) and all Veterans Administration Hospitals would be required to implement a policy against discrimination in admission practices toward alcoholics or alcohol abusers or suffer possible termination of Federal support.

SEC. 122.—Amends section 333 of the Act to make certain changes with respect to confidentiality of records of alcoholics and alcohol abusers. As presently in effect, that section authorizes the Secretary of Health, Education, and Welfare to grant an absolute privilege with respect to the identity of research subjects or patients in the field of alcohol abuse and alcoholism. As amended by the Committee bill, section 333 would conform to the policy now in effect with respect to drug abuse under section 408 of P.L. 92-255, with the changes in that section proposed to be made by the amendments contained in section 303 of the Committee bill.

As so amended, section 333 would consist of five subsections, as follows:

Subsection (a) imposes a duty to maintain the confidentiality of research and clinical records. This duty extends to all who maintain such records in any federally-connected activity, whether the connection is by way of regulation, financial support, or direct operation,

Subsection (b) describes the conditions under which information from the records in question may be transmitted without violating the duty imposed under subsection (a).

Paragraph (1) describes the conditions under which such disclosures may be made only with the patient's consent, and paragraph (2) describes the circumstances under which the patient's consent is not required.

Under subsection (b)(1), disclosures are permitted where needed for the purpose of medical treatment, or made to governmental personnel for the purpose of obtaining benefits to which the patient is entitled.

Subsection (b)(2) authorizes disclosure without the patient's consent where necessary to meet a bona fide medical emergency, or for the conduct of research, audits, or program evaluation. Reports of treatment conducted as a condition of release from confinement, or while the patient is in confinement, may be made to the court, probation or parole officers, or other appropriate officials. Finally, disclosure may be made in specific instances to the extent authorized under a court order pertaining to the records of a specific patient.

Subsection (c) sets forth a general prohibition against the use of any record referred to in subsection (a) to initiate or substantiate any criminal charges against a patient or to conduct any investigation of

a patient, except to the extent that such use may be authorized by a court order granted under subsection (b) (2) (D).

Subsection (d) provides that the prohibitions imposed by this section upon disclosure of records continue to apply after the subject of the record ceases to be a patient.

Subsection (e) authorizes the Secretary of Health, Education, and Welfare to prescribe regulations to carry out the purposes of this section. The language used in conferring this authority has been patterned after that employed in section 105 of the Consumer Credit Protection Act, authorizing the Federal Reserve Board to promulgate regulations to carry out the purposes of the Truth-in-Lending Act. The power to make exceptions is expressly conferred, because peculiar circumstances can exist under which non-disclosure is likely to be even more damaging than disclosure, particularly in the context of eligibility for employment. The Committee expects this power to be used with restraint and only after careful study has demonstrated the absence of any reasonably practicable alternative. Such alternatives should ordinarily be feasible in view of the specific authority to make regulations to prevent circumvention or evasion of the policy of the section or to facilitate compliance therewith.

Subsection (f) provides a criminal penalty for violations of the section, or any regulation issued thereunder, of up to \$500 for a first offense and up to \$5000 for any subsequent offense.

## TITLE II—ADMINISTRATION AND COORDINATION OF THE NATIONAL INSTITUTE OF MENTAL HEALTH, THE NATIONAL INSTITUTE ON ALCOHOLISM AND ALCOHOL ABUSE, AND THE NATIONAL INSTITUTE ON DRUG ABUSE

### ALCOHOLISM, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

SEC. 201.—Establishes within the Department of Health, Education, and Welfare, the Alcoholism, Drug Abuse, and Mental Health Administration, headed by an Administrator appointed by the Secretary. Section 201(b) requires the Administrator to supervise the functions of the National Institute of Mental Health, the National Institute on Alcohol Abuse and Alcoholism, and the National Institute on Drug Abuse to assure equitable support and cooperation among the Institutes. Section 201(c) establishes a National Panel on Addiction and Mental Health, consisting of three members appointed by the Secretary, to advise, consult with, and make recommendations to the Secretary concerning the activities to be carried out through the Administration.

### NATIONAL INSTITUTE OF MENTAL HEALTH

SEC. 202.—Amends section 200 of the Mental Retardation Facilities and Community Mental Health Centers Construction Act of 1963 to establish a National Institute of Mental Health to administer the programs and authorities of the Secretary of Health, Education, and Welfare with respect to mental health functions. Section 200(b) of the

Act provides that the Secretary, acting through the Institute would develop and conduct appropriate programs with respect to mental illness and carry out such functions as are required to implement such programs. Section 200(c) of the Act provides that the Director of the Institute shall be appointed by the Secretary and may employ and prescribe the functions of such officers and employees as are necessary to administer the programs and authorities of the Institute. Section 200(d) provides that the programs to be carried out through the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.

#### NATIONAL INSTITUTE ON ALCOHOLISM AND ALCOHOL ABUSE

SEC. 203.—Amends section 101 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 to establish a National Institute on Alcoholism and Alcohol Abuse to administer the programs and authorities of the Secretary of Health, Education, and Welfare with respect to alcoholism and alcohol abuse functions. Section 101(a) of the Act provides that the Secretary, acting through the Institute, shall develop and conduct appropriate programs with respect to alcoholism and alcohol abuse and carry out such functions as are required to implement such programs. Section 101(b) of the Act provides that the Director of the Institute shall be appointed by the Secretary and may employ and prescribe the functions of such officers and employees as are necessary to administer the programs and authorities of the Institute. Section 101(c) of the Act provides that the programs to be carried out through the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines. Also amends section 102 of the Act to require that the report on the health consequences of using alcoholic beverages mandated by that section be submitted to the Congress every three years, and that a report on the extent to which other Federal programs and departments are supporting and dealing with the problems of alcohol abuse and alcoholism be submitted to the Congress on or before the end of each calendar year.

#### NATIONAL INSTITUTE ON DRUG ABUSE

SEC. 204.—Amends section 501 of the Drug Abuse Office and Treatment Act of 1972 to establish a National Institute on Drug Abuse to administer the programs and authorities of the Secretary of Health, Education, and Welfare with respect to drug abuse functions. Section 501(a) of the Act provides that the Secretary, acting through the Institute would develop and conduct appropriate programs with respect to drug abuse and carry out such functions as are required to implement such programs. Section 501(b) of the Act provides that the Director of the Institute shall be appointed by the Secretary and may employ and prescribe the functions of such officers and employees as are necessary to administer the programs and authorities of the Institute.

INTERAGENCY COMMITTEE ON FEDERAL ACTIVITIES FOR ALCOHOLISM AND  
ALCOHOL ABUSE

SEC. 205.—Establishes an Interagency Committee on Federal Activities for Alcoholism and Alcohol Abuse to evaluate the adequacy and technical soundness of all Federal programs and activities which relate to alcoholism and alcohol abuse, and provide for the communication and exchange of information.

TITLE III—TECHNICAL AND CONFORMING  
AMENDMENTS

SEC. 301.—Amends Section 5108(c) of title 5, United States Code, to permit the placement of eleven higher level positions in the National Institute on Alcohol Abuse and Alcoholism.

SEC. 302.—Repeals section 247 of the Community Mental Health Centers Act. Section 247 in its current form was included in the Community Mental Health Centers Act by section 311 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970. It provided the contract and project grant authority which is provided in section 111 of this bill.

SEC. 303. Amends various provisions of section 408 of Public Law 92-255, dealing with the confidentiality of drug abuse patient records.

Subsection (a) is a technical amendment to subsection (a) of section 408 to avoid an unintended reduction in the coverage of the section upon the termination of the Special Action Office for Drug Abuse Prevention. As interpreted under the regulations of the Special Action Office for Drug Abuse Prevention, which have been sustained in both State and Federal courts, section 408 covers all drug abuse prevention functions conducted, regulated, or directly or indirectly assisted by any department or agency of the United States, and the Committee bill amends section 408 to expressly so provide.

Subsection (b) amends section 408(b)(2) to clarify the original intent, which was not to limit disclosures under authority of this paragraph to those instances where the patient fails to give consent, but rather to authorize such disclosures even in the absence of such consent. The fact of patient's consent would, of course, be highly relevant in a proceeding for an order under section 408 (b) (2) (D), but would not necessarily be controlling.

Subsection 408(b)(2)(D), as added by subsection (b), describes an additional situation under which disclosures may be made. This is the case of an individual whose treatment is a condition of his release from confinement, or is being carried out while he is in confinement. Under such circumstances, there is a clear need for information on progress in treatment to be available to the officials responsible for his confinement or supervision. This provision is not, however, to be construed as an endorsement of or authorization for involuntary treatment.

Subsection (d) confers on the Director of the Special Action Office for Drug Abuse Prevention authority to prescribe regulations to carry out the purposes of section 408. The comments above with respect to section 333(e) of the Alcohol Act are, of course, equally applicable here.



Subsection (e) revises the penalty provisions of section 408 to reflect the rulemaking authority referred to above.

Subsection (f) will operate to transfer the rulemaking authority from the Director of the Special Action Office for Drug Abuse Prevention to the Secretary of Health, Education, and Welfare upon the termination of the Special Action Office, which will occur pursuant to section 104 of P.L. 92-255 on June 30, 1975. This subsection also provides that the regulations are to remain in effect until changed by the appropriate authority.

#### AGENCY REPORTS

Agency reports are not available on the reported bill, H.R. 11387, but the following reports concerning H.R. 10019, on which hearings were conducted, are included. Members of the Committee have been advised informally by officials of the Department of Health, Education, and Welfare that the substitute meets many of their objections.

#### EXECUTIVE OFFICE OF THE PRESIDENT, OFFICE OF MANAGEMENT AND BUDGET, *Washington, D.C., October 15, 1973.*

HON. HARLEY O. STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: This is in response to your requests of June 28, 1973 and August 9, 1973 for the views of this Office on S. 1125 and H.R. 10019, bills to amend the comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970.

In testimony before your Committee on September 26, 1973, the Department of Health, Education, and Welfare stated its reasons for recommending against enactment of the two bills. Among other reasons, the Department stated that the authorizations in both S. 1125 and H.R. 10019 are excessive and represent a level inconsistent with a limited demonstration effort.

We concur with the view expressed by the Department in its testimony that the Federal Government should not stimulate large-scale programs until much more is known about the effectiveness of services now provided under limited demonstration efforts. Accordingly, we recommend against enactment of S. 1125 and H.R. 10019.

Sincerely,

WILFRED H. ROMMEL,  
*Assistant Director for Legislative Reference.*

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#### DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, *Washington, D.C., November 20, 1973.*

HON. HARLEY O. STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: This is in response to your request of August 9, 1973, for a report on H.R. 10019, a bill "To amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment,

and Rehabilitation Act of 1970 and other related Acts to concentrate the resources of the Nation against the problem of alcohol abuse and alcoholism; to establish an Addiction and Mental Health Administration within the Department of Health, Education, and Welfare; and for other purposes."

The bill is in two major parts: Title I, "Addiction and Mental Health Administration", and Title II, "Federal Assistance for State and Local Programs." Title I would establish in the Department of Health, Education, and Welfare a new agency reporting directly to the Assistant Secretary for Health, entitled the Addiction and Mental Health Administration. It would consist of three components: the existing National Institute on Alcohol Abuse and Alcoholism and the National Institute of Mental Health, as well as a new National Institute on Drug Abuse. Title II would amend and extend, through fiscal year 1976, existing authorities under which the Federal Government provides formula and project grant assistance for the alcohol abuse and alcoholism program efforts. Among other things, the bill would also authorize appropriations through fiscal year 1976 for the formula and project grant programs and for a new program of incentive grants to encourage States to adopt and implement the Uniform Alcoholism and Intoxication Treatment Act; require submission of an annual report "on the extent to which other Federal programs and Departments are supporting and dealing with the problems of alcohol abuse and alcoholism"; prohibit the exclusion from hospitals receiving Federal funds of persons suffering from emergency medical conditions solely because they are alcoholics or alcohol abusers; and modify the present confidentiality of records provision of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 to permit disclosure of records under certain circumstances, and to provide for criminal penalties for unauthorized disclosure.

On September 26, 1973, Deputy Assistant Secretary for Health Dr. Henry E. Simmons appeared before the Public Health and Environment Subcommittee of your Committee and presented the Administration's reasons for opposing this legislation. We believe that the existing authorities through fiscal year 1974 are sufficient to carry out necessary alcoholism programs in the immediate future. Moreover, with the Department's recent establishment of the Alcohol, Drug Abuse, and Mental Health Administration, we would like the opportunity to examine any future legislative needs in the context of this new agency's priorities and plans.

A copy of the testimony presented by Dr. Simmons is enclosed for your convenience.

We are advised by the Office of Management and Budget that there is no objection to the presentation of this report from the standpoint of the Administration's program.

Sincerely,

CASPER W. WEINBERGER,  
*Secretary.*

Enclosure.

DEPARTMENT OF JUSTICE,  
Washington, D.C., December 6, 1973.

HON. HARLEY O. STAGGERS,  
*Chairman, Interstate and Foreign Commerce Committee, House of  
Representatives, Washington, D.C.*

DEAR CHAIRMAN STAGGERS: This is in response to your request for views of the Department of Justice on H.R. 10019, a bill "To amend the Comprehensive Alcohol Abuse and Alcohol Prevention, Treatment, and Rehabilitation Act of 1970 and other related Acts to concentrate the resources of the Nation against the problem of alcohol abuse and alcoholism; to establish an Addiction and Mental Health Administration within the Department of Health, Education, and Welfare; and for other purposes."

The proposed legislation would (1) create within the Department of Health, Education, and Welfare the Addiction and Mental Health Administration consisting of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health; (2) authorize the Secretary to make arrangements with States to assign officers and employees of the Department to assist the States, to furnish equipment and supplies, and to make special grants to States; (3) provide that alcohol abusers and alcoholics would be eligible for emergency treatment in any private or public hospital which is receiving support from a Federal agency; (4) and provide that the records and identities of patients maintained pursuant to the performance of any function in the bill shall be confidential and subject to be disclosed only under certain criteria specified in the bill.

The Department of Justice has no independent knowledge as to the necessity or desirability of the programs proposed by the bill and accordingly defers to the views of the responsible departments and agencies with respect to its general merits.

The Office of Management and Budget has advised that there is no objection to the submission of this report from the standpoint of the Program of the President.

Sincerely,

PATRICK M. MCSWEENEY,  
*Acting Assistant Attorney General.*

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GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE,  
Washington, D.C., October 15, 1973.

HON. HARLEY O. STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce,  
House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: Reference is made to your request for the views of the Department of Defense on H.R. 11019, 93d Congress, a bill "To amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 and other related Acts to concentrate the resources of the Nation against the prob-

lem of alcohol abuse and alcoholism; to establish an Addiction and Mental Health Administration within the Department of Health, Education, and Welfare; and for other purposes."

The purpose of this bill is stated in its title.

The bill would establish in the Department of Health, Education, and Welfare an Addiction and Mental Health Administration, to consist of the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Drug Abuse, and the National Institute of Mental Health. Certain funds would be provided the Department of Health, Education, and Welfare under this bill for distribution to state and local alcohol abuse programs to help eradicate alcohol abuse and alcoholism as a major problem.

The bill also would establish the National Panel on Addiction and Mental Health to advise, consult with and make recommendations to the Director of the Addiction and Mental Health Administration concerning the functions and responsibilities of the Administration.

While the Department of Defense favorably supports programs which combat the adversities related to alcohol and drug abuse, we defer to the Department of Health, Education, and Welfare on the merits of H.R. 10019.

The Office of Management and Budget advises that, from the standpoint of the Administration's program, there would be no objection to the presentation of this report for the consideration of the Committee.

Sincerely,

L. NIEDERLEHNER,  
*Acting General Counsel.*

U.S. CIVIL SERVICE COMMISSION,  
*Washington, D.C., November 14, 1973.*

HON. HARLEY O. STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: This is in further reply to your request for the Commission's views on H.R. 6160 (Lehman), a bill "To amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act and other related Acts to concentrate the resources of the Nation against the problem of alcohol abuse and alcoholism," and H.R. 10019 (Rogers), a similar bill.

Neither H.R. 6160 nor H.R. 10019 alters Title II of Public Law 91-616, which defines the Commission's responsibilities for developing and maintaining appropriate prevention, treatment, and rehabilitation programs and services for alcohol abuse and alcoholism among Federal civilian employees. We will confine our substantive comments to selection 102(c) of H.R. 6160 and to sections 222 and 301 of H.R. 10019.

In brief, 5 U.S.C. 5108(a) provides for classification of supergrade positions (GS-16, 17, and 18) and further provides that a position may be placed in GS-16, 17, or 18 only by action of, or after prior approval by, a majority of the Civil Service Commissioners. Section 102(c) (3) of H.R. 6160 and Section 301 of H.R. 10019 would create a pool of 11 additional supergrade positions which would be ear-



marked for the National Institute on Alcohol Abuse and Alcoholism (NIAAA). In addition, Section 102(c)(2) of H.R. 6160 would authorize the Director of the Institute to place 10 specific positions in GS-16, 17, and 18. The supergrade positions created by these bills—21 under H.R. 6160 and 11 under H.R. 10019—would be in addition to the number authorized by 5 U.S.C. 5108(a).

The Commission has on numerous occasions objected to legislation which added supergrade positions to the Federal service through the enactment of laws outside the jurisdiction of the proper House and Senate committees and accordingly strongly objects to the supergrade positions of these bills.

Section 222 of H.R. 10019 proposes an amendment to Section 333 of P.L. 91-616 on the "Confidentiality of Records" of patients. The substance of the amendment is that a person undergoing treatment may give his written consent for the disclosure of his treatment record, but such consent applies only in cases where disclosure is (1) for purposes of diagnosis or treatment of patient or (2) to governmental personnel for the purposes of obtaining benefits.

The Commission generally favors any confidentiality provision which would enhance the rehabilitation of persons with alcohol problems. However, the proposed amendment is virtually identical to Section 408 of P.L. 92-255, which in our experience, has not enhanced the rehabilitation of drug abusers. Employment is an essential part of the rehabilitation of persons with either alcohol or drug problems. Section 408 has impaired the ability of employers to obtain treatment information on prospective or present employees. Without solid assurance of rehabilitation progress, employers may justifiably be reluctant to hire or retain such persons. Section 408, therefore, is deficient in that it does not adequately address this problem. With respect to the other provisions of H.R. 6160 and H.R. 10019, the Commission defers to the Department of Health, Education, and Welfare.

The Office of Management and Budget advises us that, from the standpoint of the Administration's program, there is no objection to the submission of this report.

By direction of the Commission:

Sincerely Yours,

ROBERT HAMPTON,  
*Chairman.*

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VETERANS' ADMINISTRATION,  
OFFICE OF GENERAL COUNSEL,  
Washington, D.C., August 13, 1973.

HON. HARLEY O. STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: Receipt is acknowledged of your letter of August 9, 1973, requesting a report by the Veterans' Administration relating to H.R. 10019, 93rd Congress, "A Bill To amend the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 and other related Acts to concentrate the resources of the Nation against the problem of alcohol abuse and alco-

holism; to establish an Addiction and Mental Health Administration within the Department of Health, Education, and Welfare; and for other purposes."

The request will be given prompt attention and a complete reply furnished as soon as possible.

Very truly yours,

HOWARD M. DENNEY,  
*Assistant General Counsel.*

U.S. DEPARTMENT OF LABOR,  
OFFICE OF THE SOLICITOR,  
*Washington, D.C., August 10, 1973.*

HON. HARLEY O. STAGGERS,  
*Chairman, Committee on Interstate and Foreign Commerce, House of Representatives, Washington, D.C.*

DEAR MR. CHAIRMAN: The Secretary has asked me to acknowledge your letter of August 9, 1973, requesting a report on H.R. 10019, the "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1973."

As soon as consideration of the provisions of this bill has been completed, the Secretary will advise you concerning his views on the proposed legislation.

Sincerely,

HENRY ROSE,  
*Associate Solicitor for Legislation and Legal Counsel.*

#### CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3 of Rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman) :

#### COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION ACT OF 1970

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#### SHORT TITLE

SECTION 1. This Act may be cited as the "Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970".

#### TITLE I—NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

##### ESTABLISHMENT OF THE INSTITUTE

SEC. 101. (a) There is established [in the National Institute of Mental Health,] the National Institute on Alcohol Abuse and Alco-

holism (hereafter in this Act referred to as the "Institute") to administer the programs and authorities assigned to the Secretary of Health, Education, and Welfare (hereafter in this Act referred to as the "Secretary") by this Act and part C of the Community Mental Health Centers Act. The Secretary, acting through the Institute, shall, in carrying out the purposes of section 301 of the Public Health Service Act with respect to alcohol abuse and alcoholism, develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics. *The Secretary shall carry out, as necessary, through the Institute the administrative and financial management, policy development and planning, evaluation, and public information functions which are required for the implementation of such programs and authorities.*

(b) (1) The Institute shall be under the direction of a Director who shall be appointed by the Secretary.

(2) *The Director, with the approval of the Secretary, may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the programs to be carried out through the Institute.*

(c) *The programs to be carried out through the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.*

#### REPORTS BY THE SECRETARY

SEC. 102. The Secretary shall—

(1) submit an annual report to Congress which shall include a description of the actions taken, services provided, and funds expended under this Act and part C of the Community Mental Health Centers Act, an evaluation of the effectiveness of such actions, services, and expenditures of funds, and such other information as the Secretary considers appropriate;

(2) submit to Congress on or before the expiration of the one-year period beginning on the date of enactment of this Act *and every three years thereafter* a report (A) containing current information on the health consequences of using alcoholic beverages, and (B) containing such recommendations for legislation and administrative action as he may deem appropriate;

(3) submit such additional reports as may be requested by the President of the United States or by Congress; [and]

(4) submit to the President of the United States and to Congress such recommendations as will further the prevention, treatment, and control of alcohol abuse and alcoholism[.]; and

(5) *submit to Congress on or before the end of each calendar year a report on the extent to which other Federal programs and departments are supporting and dealing with the problems of alcohol abuse and alcoholism.*

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# TITLE III—FEDERAL ASSISTANCE FOR STATE AND LOCAL PROGRAMS

## PART A—[FORMULA GRANTS] *GRANTS TO STATES*

### AUTHORIZATION FOR FORMULA GRANTS

SEC. 301. There are authorized to be appropriated \$40,000,000 for the fiscal year ending June 30, 1971, \$60,000,000 for the fiscal year ending June 30, 1972, \$80,000,000 for each of the next two fiscal years, *\$60,000,000 for the fiscal year ending June 30, 1975, and \$60,000,000 for the fiscal year ending June 30, 1976*, for grants to States to assist them in planning, establishing, maintaining, coordinating, and evaluating projects for the development of more effective prevention, treatment, and rehabilitation programs to deal with alcohol abuse and alcoholism. For purposes of this part, the term "State" includes the District of Columbia, the Virgin Islands, the Commonwealth of Puerto Rico, Guam, American Samoa, and the Trust Territory of the Pacific Islands, in addition to the fifty States.

### STATE ALLOTMENT

SEC. 302. (a) For each fiscal year the Secretary shall, in accordance with regulations, allot the sums appropriated for such year pursuant to section 301 among the States on the basis of the relative population, financial need, and need for more effective prevention, treatment, and rehabilitation of alcohol abuse and alcoholism; except that no such allotment to any State (other than the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands) for any fiscal year shall be less than \$200,000.

(b) Any amount so allotted to a State (other than the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands) and remaining unobligated at the end of such year shall remain available to such State, for the purposes for which made, for the next fiscal year (and for such year only), and any such amount shall be in addition to the amounts allotted to such State for such purpose for such next fiscal year; except that any such amount, remaining unobligated at the end of the sixth month following the end of such year for which it was allotted, which the Secretary determines will remain unobligated by the close of such next fiscal year, may be reallocated by the Secretary, to be available for the purposes for which made until the close of such next fiscal year, to other States which have need therefor, on such basis as the Secretary deems equitable and consistent with the purposes of this part, and any amount so reallocated to a State shall be in addition to the amounts allotted and available to the States for the same period. Any amount allotted under subsection (a) to the Virgin Islands, American Samoa, Guam, or the Trust Territory of the Pacific Islands for a fiscal year and remaining unobligated at the end of such year shall remain available to it, for the purposes for which made, for the next two fiscal years (and for such years only), and any such amount shall be in addition to the amounts allotted to it for such purpose for each of such next two fiscal years; except that any such amount, remaining unobligated at the end of the



first of such next two years, which the Secretary determines will remain unobligated at the close of the second of such next two years, may be reallocated by the Secretary, to be available for the purposes for which made until the close of the second of such next two years, to any other of such four States which have need therefor, on such basis as the Secretary deems equitable and consistent with the purposes of this part, and any amount so reallocated to a State shall be in addition to the amounts allotted and available to the State for the same period.

(c) At the request of any State, a portion of any allotment or allotments of such State under this part shall be available to pay that portion of the expenditures found necessary by the Secretary for the proper and efficient administration during such year of the State plan approved under this part, except that not more than 10 per centum of the total of the allotments of such State for a year, or \$50,000, whichever is the least, shall be available for such purpose for such year.

(d) *On the request of any State, the Secretary is authorized to arrange for the assignment of officers and employees of the Department or provide equipment or supplies in lieu of a portion of the allotment to such State. The allotment may be reduced by the fair market value of any equipment or supplies furnished to such State and by the amount of the pay, allowances, traveling expenses, and any other costs in connection with the detail of an officer or employee to the State. The amount by which such payments are so reduced shall be available for payment of such costs (including the costs of such equipment and supplies) by the Secretary, but shall for purposes of determining the allotment under section 302(a), be deemed to have been paid to the State.*

#### STATE PLANS

SEC. 303. (a) Any State desiring to participate in this part shall submit a State plan for carrying out its purposes. Such plan must—

(1) designate a single State agency as the sole agency for the administration of the plan, or designate such agency as the sole agency for supervising the administration of the plan;

(2) contain satisfactory evidence that the State agency designated in accordance with paragraph (1) (hereafter in this section referred to as the "State agency") will have authority to carry out such plan in conformity with this part;

(3) provide for the designation of a State advisory council which shall include representatives of nongovernmental organizations [or groups], of groups to be served with attention to assuring representation of minority and poverty groups and of public agencies concerned with the prevention and treatment of alcohol abuse and alcoholism, to consult with the State agency in carrying out the plan;

(4) set forth, in accordance with criteria established by the Secretary, a survey of need for the prevention and treatment of alcohol abuse and alcoholism, including a survey of the health facilities needed to provide services for alcohol abuse and alcoholism and a plan for the development and distribution of such facilities and programs throughout the State;

(5) provide such methods of administration of the State plan, including methods relating to the establishment and maintenance of personnel standards on a merit basis (except that the Secretary shall exercise no authority with respect to the selection, tenure of office, or compensation of any individual employed in accordance with such methods), as are found by the Secretary to be necessary for the proper and efficient operation of the plan;

(6) provide that the State agency will make such reports, in such form and containing such information, as the Secretary may from time to time reasonably require, and will keep such records and afford such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports;

(7) provide that the Comptroller General of the United States or his duly authorized representatives shall have access for the purpose of audit and examination to the records specified in paragraph (6);

(8) provide that the State agency will from time to time, but not less often than annually, review its State plan and submit to the Secretary any modifications thereof which it considers necessary;

(9) provide reasonable assurance that Federal funds made available under this part for any period will be so used as to supplement and increase, to the extent feasible and practical, the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs described in this part, and will in no event supplant such State, local, and other non-Federal funds; [and]

(10) set forth, in accordance with criteria to be set by the Secretary, standards (including enforcement procedures and penalties) for (A) construction and licensing of public and private treatment facilities, and (B) for other community services or resources available to assist individuals to meet problems resulting from alcohol abuse; and

[(10)] (11) contain such additional information and assurance as the Secretary may find necessary to carry out the provisions and purposes of this part.

(b) The Secretary shall approve any State plan and any modification thereof which complies with the provisions of subsection (a).

#### SPECIAL GRANTS

*Sec. 304. (a) To assist States which have adopted the basic provisions of the Uniform Alcoholism and Intoxication Treatment Act to utilize fully the protections of that Act in their efforts to approach alcohol abuse and alcoholism from a community care standpoint, the Secretary, acting through the Institute, may, during the period beginning July 1, 1973, and ending June 30, 1976, make grants to such States (other than the Virgin Islands, American Samoa, Guam, and the Trust Territory of the Pacific Islands) for the implementation of the Uniform Alcoholism and Intoxication Treatment Act. A grant under this section to any State may only be made for that State's costs (as determined in accordance with regulations prescribed by the Secretary) in implementing such Act for a period which does not exceed one year from the first day of the first month for which the*

grant is made. No State may receive more than three grants under this section.

(b) No grant may be made under this section unless an application therefor has been submitted to, and approved by, the Secretary. Such application shall be in such form, submitted in such manner, and contain such information as the Secretary shall by regulation prescribe. The Secretary may not approve an application of a State under this section unless he determines the following:

(1) Under the laws of that State and of each of its political subdivisions no individual may be subject to criminal prosecution solely on the basis of his consumption of alcoholic beverages.

(2) The laws of the State respecting acceptance of individuals into alcoholism and intoxication treatment programs are in accordance with the following standards of acceptance of individuals for such treatment (contained in section 10 of the Uniform Alcoholism and Intoxication Treatment Act):

(A) A patient shall, if possible, be treated on a voluntary rather than an involuntary basis.

(B) A patient shall be initially assigned or transferred to outpatient or intermediate treatment, unless he is found to require inpatient treatment.

(C) A person shall not be denied treatment solely because he has withdrawn from treatment against medical advice on a prior occasion or because he has relapsed after earlier treatment.

(D) An individualized treatment plan shall be prepared and maintained on a current basis for each patient.

(E) Provision shall be made for a continuum of coordinated treatment services so that a person who leaves a facility or a form of treatment will have available and utilize other appropriate treatment.

(3) The laws of the State respecting involuntary commitment of alcoholics are not inconsistent with section 14 of such Uniform Act.

(4) The application of the State contains such assurances as the Secretary may require to carry out the purposes of this section.

(c) The amount of any grant under this section to any State for any fiscal year may not exceed the sum of \$100,000 and an amount equal to 10 per centum of the allotment of such State for such fiscal year under section 302 of this Act. Payments under grants under this section may be made in advance or by way of reimbursement, and at such intervals and on such conditions, as the Secretary finds necessary.

(d) For the purpose of making payments under grants under this section, there are authorized to be appropriated \$13,000,000 for the fiscal year ending June 30, 1974, and for each of the next two fiscal years.

#### PART B—PROJECT GRANTS AND CONTRACTS

##### [GRANTS AND CONTRACTS FOR THE PREVENTION AND TREATMENT OF ALCOHOL ABUSE AND ALCOHOLISM

[SEC. 311. Section 247 of part C of the Community Mental Health Centers Act is amended to read as follows:

[ "GRANTS AND CONTRACTS FOR THE PREVENTION AND TREATMENT  
OF ALCOHOLISM ABUSE AND ALCOHOLISM

[ "SEC. 247. (a) The Secretary, acting through the National Institute on Alcohol Abuse and Alcoholism, may make grants to public and private nonprofit agencies, organizations, and institutions and may enter into contracts with public and private agencies, organizations, and institutions, and individuals—

[ "(1) to conduct demonstration, service, and evaluation projects,

[ "(2) to provide education and training,

[ "(3) to provide programs and services in cooperation with schools, courts, penal institutions, and other public agencies, and

[ "(4) to provide counseling and education activities on an individual or community basis,

for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics.

[ "(b) Projects for which grants or contracts are made under this section shall, whenever possible, be community based, provide a comprehensive range of services, and be integrated with, and involve the active participation of, a wide range of public and nongovernmental agencies, organizations, institutions, and individuals.

[ "(c) (1) In administering the provisions of this section, the Secretary shall require coordination of all applications for programs in a State.

[ "(2) Each applicant from within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency designated under section 303 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, if such agency exists. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects pending and approved and to the State comprehensive plan for treatment and prevention of alcohol abuse and alcoholism under such section 303. The State shall furnish the applicant a copy of any such evaluation.

[ "(3) Approval of any application for a grant or contract by the Secretary, including the earmarking of financial assistance for a program or project, may be granted only if the application substantially meets a set of criteria established by the Secretary that—

[ "(A) provide that the activities and services for which assistance under this section is sought will be substantially administered by or under the supervision of the applicant;

[ "(B) provide for such methods of administration as are necessary for the proper and efficient operation of such programs or projects;

[ "(C) provide for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant; and

[ "(D) provide reasonable assurance that Federal funds made available under this section for any period will be so used as to



supplement and increase, to the extent feasible and practical, the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs described in this section, and will in no event supplant such State, local, and other non-Federal funds.

["(d) To carry out the purposes of this section, there are authorized to be appropriated \$30,000,000 for the fiscal year ending June 30, 1971, \$40,000,000 for the fiscal year ending June 30, 1972, and \$50,000,000 for each of the fiscal years ending June 30, 1973 and June 30, 1974."] ]

GRANTS AND CONTRACTS FOR THE PREVENTION AND TREATMENT OF ALCOHOL ABUSE AND ALCOHOLISM

SEC. 311. (a) *The Secretary, acting through the Institute, may make grants to public and nonprofit private entities and may enter into contracts with public and private entities and with individuals—*

(1) *to conduct demonstration, service, and evaluation projects,*

(2) *to provide education and training,*

(3) *to provide programs and services in cooperation with schools, courts, penal institutions, and other public agencies, and*

(4) *to provide counseling and education activities of an individual or community basis,*

*for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics.*

(b) *Projects and programs for which grants and contracts are made under this section shall (1) whenever possible, be community based, seek to insure care of good quality in general community care facilities and under health insurance plans, and be integrated with, and provide for the active participation of, a wide range of public and nongovernmental agencies, organizations, institutions, and individuals; and (2) where appropriate utilize existing community resources (including community mental health centers).*

(c) (1) *In administering this section, the Secretary shall require coordination of all applications for projects and programs in a State.*

(2) *Each applicant from within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency designated under section 303 of this Act, if such agency exists. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project or program set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects and programs pending and approved and to the State comprehensive plan for treatment and prevention of alcohol abuse and alcoholism under section 303. The State shall furnish the applicant a copy of any such evaluation.*

(3) *Approval of any application for a grant or contract by the Secretary, including the earmarking of financial assistance for a program or project, may be granted only if the application substantially meets a set of criteria established by the Secretary that—*

(A) *provides that the projects and programs for which assistance under this section is sought will be substantially administered by or under the supervision of the applicant;*

(B) provides for such methods of administration as are necessary for the proper and efficient operation of such programs and projects;

(C) provides for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant; and

(D) provides reasonable assurance that Federal funds made available under this section for any period will be so used as to supplement and increase, to the extent feasible and practical, the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the projects and programs described in this section, and will in no event supplant such State, local, and other non-Federal funds.

(d) To make payments under grants and contracts under this section, there are authorized to be appropriated \$60,000,000 for the fiscal year ending June 30, 1975, and \$75,000,000 for the fiscal year ending June 30, 1976.

### PART C—ADMISSION TO HOSPITALS

#### ADMISSION OF ALCOHOL ABUSERS AND ALCOHOLICS TO PRIVATE AND PUBLIC HOSPITALS

[SEC. 321. (a) Alcohol abusers and alcoholics shall be admitted to and treated in private and public general hospitals, which receive Federal funds for alcoholic treatment programs, on the basis of medical need and shall not be discriminated against solely because of their alcoholism. No hospital that violates this section shall receive Federal financial assistance under the provisions of this Act; except that the Secretary shall not terminate any such Federal assistance until the Secretary has advised the appropriate person or persons of the failure to comply with this section, and has provided an opportunity for correction or a hearing.

[(b) Any action taken by the Secretary pursuant to this section shall be subject to such judicial review as is provided by section 404 of the Community Mental Health Centers Act.]

*Sec. 321. (a) Alcohol abusers and alcoholics who are suffering from emergency medical conditions shall not be refused admission or treatment, solely because of their alcohol abuse or alcohol dependence, by any private or public general hospital which receives support in any form from any program supported in whole or in part by funds appropriated to any Federal department or agency.*

*(b) The Secretary is authorized to make regulations for the enforcement of the policy of subsection (a). Such regulations shall include procedures for determining (after opportunity for a hearing if requested) if a violation of subsection (a) has occurred, notification of failure to comply with such subsection, and opportunity for a violator to comply with such subsection. If the Secretary determines that a hospital has violated subsection (a) and such violation continues after an opportunity has been afforded for compliance, the Secretary may suspend or revoke, after opportunity for a hearing, all or part of any support of any kind received by such hospital from any program administered by the Secretary. The Secretary may consult with the offi-*

*cials responsible for the administration of any other Federal program from which such hospital receives support of any kind, with respect to the suspension or revocation of such other Federal support for such hospital.*

\* \* \* \* \*

#### CONFIDENTIALITY OF RECORDS

**[SEC. 333.** The Secretary may authorize persons engaged in research on, or treatment with respect to, alcohol abuse and alcoholism to protect the privacy of individuals who are the subject of such research or treatment by withholding from all persons not connected with the conduct of such research or treatment the names or other identifying characteristics of such individuals. Persons so authorized to protect the privacy of such individuals may not be compelled in any Federal, State, or local civil, criminal, administrative, legislative, or other proceeding to identify such individuals.]

*Sec. 333. (a) Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of any program or activity relating to alcoholism or alcohol abuse education, training, treatment, rehabilitation, or research, which is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States shall be confidential and may be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.*

*(b) (1) If the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed—*

*(A) to medical personnel for the purpose of diagnosis or treatment of the patient, and*

*(B) to governmental personnel for the purpose of obtaining benefits to which the patient is entitled.*

*(2) Whether or not the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed as follows:*

*(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.*

*(B) To qualified personnel for the purpose of conducting scientific research, management or financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.*

*(C) In the case of a patient whose diagnosis and treatment is being conducted as a condition of his release from confinement pending trial or as a condition of probation or parole, or while he is in confinement, reports of such diagnosis or treatment may be made to the court, probation or parole officers, or other appropriate officials.*

*(D) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the public*

interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) Except as authorized by a court order granted under subsection (b) (2) (D) of this section, no record referred to in subsection (a) may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

(e) The Secretary shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards, procedures, and exceptions, as in the judgment of the Secretary are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

(f) Except as authorized under subsection (b) of this section, any person who violates any provision of this section or any regulation issued pursuant to this section shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

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## MENTAL RETARDATION FACILITIES AND COMMUNITY HEALTH CENTERS CONSTRUCTION ACT OF 1963

\* \* \* \* \*

### TITLE II—COMMUNITY MENTAL HEALTH CENTERS

#### SHORT TITLE; NATIONAL INSTITUTE OF MENTAL HEALTH

SEC. 200. (a) This title may be cited as the "Community Mental Health Centers Act".

(b) There shall be a National Institute of Mental Health to administer the programs and authorities of the Secretary with respect to mental health functions. The Secretary, acting through the Institute, shall, in carrying out the purposes of this Act and sections 301 and 303 of the Public Health Service Act with respect to mental illness, develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of mental illness and for the rehabilitation of the mentally ill. The Secretary shall carry out, as necessary, through the Institute the administrative and financial management, policy development and planning, evaluation, and public information functions which are required for the implementation of such programs and authorities.

(c) (1) The Institute shall be under the direction of a Director who shall be appointed by the Secretary.



(2) *The Director, with the approval of the Secretary, may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the programs and authorities to be carried out through the Institute.*

(d) *The programs to be carried out through the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.*

## DRUG ABUSE OFFICE AND TREATMENT ACT OF 1972

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### TITLE IV—OTHER FEDERAL PROGRAMS

\* \* \* \* \*

#### § 408. Confidentiality of patient records.

(a) Records of the identity, diagnosis, prognosis, or treatment of any patient which are maintained in connection with the performance of and drug abuse prevention function [authorized or assisted under any provision of this Act or any Act amended by this Act] *conducted, regulated, or directly or indirectly assisted by any department or agency of the United States* shall be confidential and may be disclosed only for the purposes and under the circumstances expressly authorized under subsection (b) of this section.

(b)(1) If the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, gives his written consent, the content of such record may be disclosed.

(A) to medical personnel for the purpose of diagnosis or treatment of the patient, and

(B) to governmental personnel for the purpose of obtaining benefits to which the patient is entitled.

(2) [If] *Whether or not* the patient, with respect to whom any given record referred to in subsection (a) of this section is maintained, [does not give] *gives* his written consent, the content of such record may be disclosed as follows:

(A) To medical personnel to the extent necessary to meet a bona fide medical emergency.

(B) To qualified personnel for the purpose of conducting scientific research, management or financial audits, or program evaluation, but such personnel may not identify, directly or indirectly, any individual patient in any report of such research, audit, or evaluation, or otherwise disclose patient identities in any manner.

(C) *In the case of a patient whose diagnosis and treatment is being conducted as a condition of his release from confinement pending trial or as a condition of probation or parole, or while he is in confinement, reports of such diagnosis or treatment may be made to the court, probation or parole officers, or other appropriate officials.*

[(C)] (D) If authorized by an appropriate order of a court of competent jurisdiction granted after application showing good cause therefor. In assessing good cause the court shall weigh the

public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship, and to the treatment services. Upon the granting of such order, the court, in determining the extent to which any disclosure of all or any part of any record is necessary, shall impose appropriate safeguards against unauthorized disclosure.

(c) Except as authorized by a court order granted under subsection (b) (2) **[(C)]** (D) of this section, no record referred to in subsection (a) may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

(d) The prohibitions of this section continue to apply to records concerning any individual who has been a patient, irrespective of whether or when he ceases to be a patient.

(e) *The Director of the Special Action Office for Drug Abuse Prevention shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards procedures, and exceptions, as in the judgment of the Director are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.*

#### **EFFECTIVE JUNE 30, 1975, SECTION 408(e) IS AMENDED AS FOLLOWS:**

(e) The **[(Director of the Special Action Office for Drug Abuse Prevention)]** *Secretary of Health, Education, and Welfare* shall prescribe regulations to carry out the purposes of this section. These regulations may contain such definitions, and may provide for such safeguards procedures, and exceptions, as in the judgment of the **[(Director)]** *Secretary* are necessary or proper to effectuate the purposes of this section, to prevent circumvention or evasion thereof, or to facilitate compliance therewith.

**[(e)]** (f) Except as authorized under subsection (b) of this section, any person who **[(discloses the contents of any record referred to in subsection (a))]** *violates any provision of this section or any regulation issued pursuant to this section* shall be fined not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.

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#### **TITLE V—NATIONAL INSTITUTE ON DRUG ABUSE; NATIONAL ADVISORY COUNCIL ON DRUG ABUSE**

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##### **§ 501. Establishment of Institute.**

(a) **[(Effective December 31, 1974, there)]** *There* is established **[(, in the National Institute of Mental Health, a)]** *the* National Institute on Drug Abuse (hereinafter in this section referred to as the "Institute") to administer the programs and authorities of the Secretary of Health, Education, and Welfare (hereinafter in this section referred to as the "Secretary") with respect to drug abuse prevention functions. The Secretary, acting through the Institute, shall, in carrying out the pur-

poses of section 301 of the Public Health Service Act with respect to drug abuse, develop and conduct comprehensive health, education, training, research, and planning programs for the prevention and treatment of drug abuse and for the rehabilitation of drug abusers. *The Secretary shall carry out, as necessary, through the Institute the administrative and financial management, policy development and planning, evaluation, and public information functions which are required for the implementation of such programs and authorities.*

(b) (1) The Institute shall be under the direction of a Director who shall be appointed by the Secretary.

(2) *The Director, with the approval of the Secretary, may employ and prescribe the functions of such officers and employees, including attorneys, as are necessary to administer the programs and authorities to be carried out through the Institute.*

(c) The programs of the Institute shall be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines.

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## TITLE 5, UNITED STATES CODE

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### PART III—EMPLOYEES

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#### SUBPART D—PAY AND ALLOWANCES

##### CHAPTER 51—CLASSIFICATION

\* \* \* \* \*

#### § 5108. Classification of positions at GS-16, 17, and 18

(a) \* \* \*

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(c) In addition to the number of positions authorized by subsection (a) of this section—

(1) the Comptroller General of the United States, subject to the procedures prescribed by this section, may place a total of 90 positions in the General Accounting Office in GS-16, 17, and 18;

(2) the Director of the Federal Bureau of Investigation, without regard to any other provision of this section, may place a total of 140 positions in the Federal Bureau of Investigation in GS-16, 17, and 18;

(3) the Director of the Administrative Office of the United States Courts may place a total of 4 positions in GS-17;

(5) the Secretary of Defense, subject to the standards and procedures prescribed by this chapter, may place a total of 407 positions (in addition to any professional engineering positions primarily concerned with research and development and pro-

professional positions in the physical and natural sciences and medicine which may be placed in these grades) in the Department of Defense in GS-16, 17, and 18;

(6) the Administrator of the National Aeronautics and Space Administration, subject to the standards and procedures prescribed by this chapter, may place a total of 5 positions in the National Aeronautics and Space Administration in GS-16, 17, and 18;

(7) the Attorney General, without regard to any other provision of this section, may place a total of—

(A) 10 positions of Warden in the Bureau of Prisons in GS-16; and

(B) 8 positions of Member of the Board of Parole in GS-17;

(8) the Attorney General, without regard to this chapter (except section 5114), may place 1 position in GS-16;

(9) the Railroad Retirement Board may place 4 positions in GS-16, 4 in GS-17, and 1 in GS-18, for the purpose of its administration of chapter 9 or 11 of title 45, or both;

(10) (A) the Secretary of Labor, subject to the standards and procedures prescribed by this chapter, may place an additional twenty-five positions in the Department of Labor in GS-16, 17, and 18 for the purposes of carrying out his responsibilities under the Occupational Safety and Health Act of 1970;

(B) the Occupational Safety and Health Review Commission, subject to the standards and procedures prescribed by this chapter, may place ten positions in GS-16, 17, and 18 in carrying out its functions under the Occupational Safety and Health Act of 1970.

(10) the Law Enforcement Assistance Administration may place a total of twenty positions in GS-16, 17, and 18.

(10) the Chief Judge of the United States Tax Court, without regard to this chapter (except section 5114), may place a total of 5 positions in GS-16, 17, and 18; **[and]**

(11) the Chairman of the Equal Employment Opportunity Commission, subject to the standards and procedures prescribed by this chapter, may place an additional ten positions in the Equal Employment Opportunity Commission in GS-16, GS-17, and GS-18 for the purposes of carrying out title VII of the Civil Rights Act of 1964**[.]**; and

(12) *the Secretary of Health, Education, and Welfare, subject to the standards and procedures prescribed by this chapter, may place a total of eleven positions in the National Institute on Alcohol Abuse and Alcoholism in GS-16, 17, and 18.*

(d) When a general appropriation statute authorizes an agency to place additional positions in GS-16, 17, and 18, the total number of positions authorized to be placed in these grades by this section (except subsection (c) (8) and (9)) is reduced by the number of positions authorized by the appropriation statute, unless otherwise specifically provided. The reduction is made in the following order—

first, from any number specifically authorized for the agency by this section (except subsection (c) (8) and (9)); and



second, from the maximum number of positions authorized by subsection (a) of this section irrespective of the agency to which the positions are allocated.

\* \* \* \* \*

## SECTION 247 OF PART C OF THE COMMUNITY MENTAL HEALTH CENTERS ACT

### [GRANTS AND CONTRACTS FOR THE PREVENTION AND TREATMENT OF ALCOHOL ABUSE AND ALCOHOLISM

[SEC. 247. (a) The Secretary, acting through the National Institute on Alcohol Abuse and Alcoholism, may make grants to public and private nonprofit agencies, organizations, and institutions and may enter into contracts with public and private agencies, organizations, and institutions, and individuals—

[ (1) to conduct demonstration, service, and evaluation projects,

[ (2) to provide education and training,

[ (3) to provide programs and services in cooperation with schools, courts, penal institutions, and other public agencies, and

[ (4) to provide counseling and education activities on an individual or community basis,

for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics.

[ (b) Projects for which grants or contracts are made under this section shall, whenever possible, be community based, provide a comprehensive range of services, and be integrated with, and involve the active participation of, a wide range of public and nongovernmental agencies, organizations, institutions, and individuals.

[ (c) (1) In administering the provisions of this section, the Secretary shall require coordination of all applications for programs in a State.

[ (2) Each applicant from within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency designated under section 303 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, if such agency exists. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects pending and approved and to the State comprehensive plan for treatment and prevention of alcohol abuse and alcoholism under such section 303. The State shall furnish the applicant a copy of any such evaluation.

[ (3) Approval of any application for a grant or contract by the Secretary, including the earmarking of financial assistance for a program or project, may be granted only if the application substantially meets a set of criteria established by the Secretary that—

[(A) provide that the activities and services for which assistance under this section is sought will be substantially administered by or under the supervision of the applicant;

[(B) provide for such methods of administration as are necessary for the proper and efficient operation of such programs or projects;

[(C) provide for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant; and

[(D) provide reasonable assurance that Federal funds made available under this section for any period will be so used as to supplement and increase, to the extent feasible and practical, the level of State, local, and other non-Federal funds that would in the absence of such Federal funds be made available for the programs described in this section, and will in no event supplant such State, local, and other non-Federal funds.

[(d) To carry out the purposes of this section, there are authorized to be appropriated \$30,000,000 for the fiscal year ending June 30, 1971, \$40,000,000 for the fiscal year ending June 30, 1972, and \$50,000,000 for each of the fiscal years ending June 30, 1973 and June 30, 1974.]





